

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 16-31-2009**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 9, 2009	Applicant Identifier OXR 09-1
		3. DATE RECEIVED BY STATE	State Applicant Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier NPIAS 3-06-0179-028-2009	

5. APPLICANT INFORMATION Legal Name: County of Ventura Address (give city, county, state, and zip code): Department of Airports 555 Airport Way Camarillo, CA 93010		Organizational Unit: Department of Airports Name and telephone number of the person to be contacted on matters involving this application (give area code): Todd McNamee (805) 388-4200
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 5 - 6 0 8 9 4 4 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 20px;">B</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>A. Increase Award D. Decrease Duration</div> <div>B. Decrease Award Other (specify):</div> <div>C. Increase Duration</div> </div>		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">6</div> </div> TITLE: Airport Improvement Program		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration Western Pacific Region
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Ventura County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rehabilitate Airport Pavement Runway and Taxiways 168K Sq Yds (design) Rehabilitate Airport Pavement including Drainage, East Ramp Approx. 59K Sq Yds (construction) Purchase and installation of Airfield Emergency Generator

13. PROPOSED PROJECT: Start Date: July 2009 Ending Date: July 2010		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 19 and 21 b. Project: 21
---	--	---

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 3,688,484.00	
b. Applicant	\$ 194,131.00	
c. State	\$.00	
d. Local	\$.00	
e. Other	\$.00	
f. Program Income	\$.00	
g. TOTAL \$ 3,882,615.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized Representative Todd McNamee	b. Title Director of Airports	c. Telephone number (805) 388-4200
d. Signature of Authorized Representative 		e. Date Signed January 9, 2009

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier 3-06-0030-05	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION			Organizational Unit:		
Legal Name: MONO COUNTY			Department:		
Organizational DUNS: 08-612-8832			Division: LEE VINING AIRPORT		
Address: Street: P.O. BOX 457 City: BRIDGEPORT County: MONO State: CALIFORNIA Country: USA			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: KELLY Middle Name: Last Name: GARCIA Suffix: Email: kgarcia@mono.ca.gov		
Zip Code: 93517			Phone Number (give area code): 760-932-5446 Fax Number (give area code): 760-932-5441		

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6005661		7. TYPE OF APPLICANT: (See back of form for Application Types) B. COUNTY Other (specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1. RECONSTRUCT RUNWAY 15/33 2. INSTALLATION OF ELECTRICAL IMPROVEMENTS (ADDITIVE ALTERNATIVE)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): LEE VINING, MONO COUNTY, EASTERN CALIFORNIA		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 25th b. Project 25th	
13. PROPOSED PROJECT Start Date: MAY 2009 Ending Date: OCTOBER 2009		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal \$ 4,360,500.00 b. Applicant \$ 229,500.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 4,590,000.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix First Name KELLY Middle Name Last Name GARCIA b. Title ASSISTANT DIRECTOR OF PUBLIC WORKS c. Telephone Number (give area code) 760-932-5446 d. Signature of Authorized Representative e. Date Signed 12/09			

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier 3-06-0030-05	
		3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			

5. APPLICANT INFORMATION Legal Name: MONO COUNTY Organizational DUNS: 08-612-8832 Address: P.O. BOX 457 Street: BRIDGEPORT City: BRIDGEPORT County: MONO State: CA Zip Code: 93517 Country: USA			Organizational Unit: Department: Division: BRYANT FIELD AIRPORT Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: KELLY Middle Name Last Name: GARCIA Suffix: Email:																							
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6005661			Phone Number (give area code): 760-932-5446 Fax Number (give area code): 760-932-5441																							
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) B. COUNTY Other (specify)																							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM 20-106			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1. REALIGN STOCK DRIVE - CONSTRUCTION 2. CONSTRUCT RUNWAY/TAXIWAY CONNECTOR - CONSTRUCTION 3. OVERLAY RUNWAY - CONSTRUCTION 4. OVERLAY PARALLEL TAXIWAY - CONSTRUCTION																							
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): BRIDGEPORT, MONO COUNTY, EASTERN CALIFORNIA			9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION																							
13. PROPOSED PROJECT Start Date: MAY 2009 Ending Date: SEPTEMBER 2009			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 25th b. Project 25th																							
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$</td><td>2,235,350.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>117,650.00</td></tr> <tr><td>c. State</td><td>\$</td><td></td></tr> <tr><td>d. Local</td><td>\$</td><td></td></tr> <tr><td>e. Other</td><td>\$</td><td></td></tr> <tr><td>f. Program Income</td><td>\$</td><td></td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>2,353,000.00</td></tr> </table>			a. Federal	\$	2,235,350.00	b. Applicant	\$	117,650.00	c. State	\$		d. Local	\$		e. Other	\$		f. Program Income	\$		g. TOTAL	\$	2,353,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: JANUARY 19, 2009 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	2,235,350.00																								
b. Applicant	\$	117,650.00																								
c. State	\$																									
d. Local	\$																									
e. Other	\$																									
f. Program Income	\$																									
g. TOTAL	\$	2,353,000.00																								
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																										
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																										
a. Authorized Representative Prefix: First Name: KELLY Middle Name: Last Name: GARCIA Suffix:																										
b. Title ASSISTANT DIRECTOR OF PUBLIC WORKS																										
c. Telephone Number (give area code) 760-932-5446																										
d. Signature of Authorized Representative <i>Kelly Garcia</i>																										
e. Date Signed 1/12/09																										

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier F
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: CITY of SOUTH GATE		Organizational Unit: Department: FIELD OPERATIONS	
Organizational DUNS:		Division:	
Address: Street: 8650 CALIFORNIA AVENUE		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: SOUTH GATE		Prefix: MR	First Name: DAVID
County: LOS ANGELES		Middle Name E.	
State: CALIFORNIA		Last Name TORRES	
Zip Code 90280		Suffix: FIELD OPERATIONS MANAGER	
Country: LOS ANGELES		Email: dtorres@sogate.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 6 0 0 7 9 9		Phone Number (give area code) (323) 563-5790	Fax Number (give area code) (323) 582-3106
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 - 3 0 0 TITLE (Name of Program): Grants for Public Works and Economic Development Facilities		9. NAME OF FEDERAL AGENCY: ECONOMIC DEVELOPMENT ADMINISTRATION.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY of SOUTH GATE, LOS ANGELES COUNTY, CALIFORNIA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Infra-structure development to support industrial expansion: to include new ground tank reservoir, pumping stations, and supporting structures; all of which will increase capacity for expanded economic development in the region of the City of South Gate and areas of Los Angeles County.	
13. PROPOSED PROJECT Start Date: October, 2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant LINDA SANCHEZ	
Ending Date: June, 2010		b. Project LINDA SANCHEZ	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 2,845,138 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$ 2,845,138 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 5,690,276 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Gil	Middle Name	
Last Name Hurtado		Suffix	
b. Title MAYOR, CITY of SOUTH GATE		c. Telephone Number (give area code) (323) 563-9500	
d. Signature of Authorized Representative		e. Date Signed February, 2009	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: Alpine Meadows Property Owners Association Inc.			Organizational Unit: Department: Water Dept		
Organizational DUNS: 065890928			Division:		
Address: Street: 115 Alpine Drive City: Colfax County: Placer State: CA Zip Code: 95713			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: James Middle Name: Churchill Last Name: Harding Suffix:		
Country: USA			Email: Ampoa@Colfaxnet.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1614906			Phone Number (give area code) (530)613-1476		Fax Number (give area code)
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) Non Profit Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-760			9. NAME OF FEDERAL AGENCY: USDA-RD		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Colfax, Placer County, USA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Total upgrade of system to meet CWD rules, automation of clarifier, valves, measurements, pumps, recycled water		
13. PROPOSED PROJECT Start Date: 5/1/09 Ending Date: 10/1/09			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4 b. Project 4		
15. ESTIMATED FUNDING: a. Federal \$ 1,170,400.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 1,170,400.00			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
a. Authorized Representative Prefix Mr. First Name James Middle Name C Last Name Harding Suffix b. Title Treasurer c. Telephone Number (give area code) (530)613-1476 d. Signature of Authorized Representative e. Date Signed 1-13-09					

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED January 14, 2009	Applicant Identifier	
5. APPLICANT INFORMATION Legal Name: Crescent City Harbor District			3. DATE RECEIVED BY STATE	State Application Identifier	
Organizational DUNS: 004959060			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Address: Street: 101 Citizens Dock Road			Organizational Unit Department: N/A		
City: Crescent City			Division: N/A		
County: Del Norte			Name and telephone number of person to be contacted on matters involving this application (give area code)		
State: CA			Prefix: Mr.		
Zip Code: 95531			First Name: Larry		
Country: USA			Middle Name: Alan		
State CLEARING HOUSE			Last Name: Keller		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 6003247			Suffix: Keller		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			Email: LarryKeller@KennedyJenks.com		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program) 11.201			Phone Number (give area code) (310) 418-5024		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Crescent City, Del Norte County, State of CA			Fax Number (give area code) (949) 261-2134		
13. PROPOSED PROJECT Start Date: June 15, 2009			7. TYPE OF APPLICANT: (See back of form for Application Types)		
Ending Date: November 18, 2011			Other (specify)		
15. ESTIMATED FUNDING:			9. NAME OF FEDERAL AGENCY: EDA		
a. Federal	\$	3,000,000	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Architectural & Engineering for Crescent City Harbor Reconstruction of Inner Basin		
b. Applicant	\$		14. CONGRESSIONAL DISTRICTS OF:		
c. State	\$		a. Applicant District 1		
d. Local	\$		b. Project District 1		
e. Other	\$		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
f. Program Income	\$		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
g. TOTAL	\$	3,000,000	DATE: January 14, 2009		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
a. Authorized Representative Prefix Mr.			OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
First Name Richard			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
Last Name Young			a. Yes. <input type="checkbox"/> If "Yes" attach an explanation.		
b. Title CEO/ Harbor Master			b. No. <input checked="" type="checkbox"/> No		
d. Signature of Authorized Representative Richard Young			c. Telephone Number (give area code) (707) 464-6174		
Previous Edition Usable Authorized for Local Reproduction			e. Date Signed January 14, 2009		

APPLICATION FOR
FEDERAL ASSISTANCE

2. DATE SUBMITTED

01/15/2009

Applicant Identifier

1. TYPE OF SUBMISSION:

Application

☒ Construction☐ Non-Construction

Preapplication

☐ Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

City of California City, California

Organizational Unit:

Department:

Organizational DUNS: 827180092

RECEIVED

Division:

Address:

Street: 21000 Hacienda Blvd

JAN 21 2009

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix:

First Name: Ramon

City: California City

STATE CLEARING HOUSE

Middle Name: H

County: Kern

Last Name: Pantoja

State: California

Zip Code: 93505

Suffix:

Country: United States

Email: rpantoja@heltengineering.com

6. EMPLOYER IDENTIFICATION NUMBER E/I/N:

Phone number (give area code):

FAX number (give area code):

9 5 - 2 4 0 8 7 6 3

(661) 323-6045

(661) 323-0799

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ RevisionIf Revision, enter appropriate letter(s) in box(es):
(See back of form for description of letters)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

C

Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE: Airport Improvement Program

9. NAME OF FEDERAL AGENCY

Department of Transportation/Federal Aviation Administration

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Install airfield miscellaneous aids and economy approach aids; including but not limited to: segmented circle, wind cones, obstruction lights, runway end identifier lights and precision approach path indicator.

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

City of California City

13. PROPOSED PROJECT

Start Date

April, 2009

Ending Date

July, 2009

15. ESTIMATED FUNDING

a. Federal	\$	184,210	.00
b. Applicant	\$	9,695	.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program income	\$.00
g. TOTAL	\$	193,905	.00

14. CONGRESSIONAL DISTRICTS OF

a. Applicant

22

b. Project

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: 01/15/09

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mrs.

First Name Linda

Middle Name

Last Name Lunsford

Suffix

b. Title City Manager

c. Telephone number (give area code)

(760) 373-7442

d. Signature of Authorized Representative

e. Date Signed 01/015/2009

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED January 12, 2009	Applicant Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
Pro-application		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
SIERRA ECONOMIC DEVELOPMENT CORPORATION		Department:		
Organizational DUNS:		Division:		
08-885-6885				
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street:		Prefix:		
560 WALL STREET, STE. F		First Name: BRENT		
City: AUBURN		Middle Name:		
County: PLACER		Last Name: SMITH		
State: CA		Suffix:		
Country: USA		Email: brent@sedd.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give area code)		
94-1705043		(530) 823-4703		
7. TYPE OF APPLICATION:		Fax Number (give area code)		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		(530) 823-4142		
8. TYPE OF APPLICANT: (See back of form for Application Types)		Other (specify) EDD		
9. NAME OF FEDERAL AGENCY:		ECONOMIC DEVELOPMENT ADMINISTRATION		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
11-302		ECONOMIC DEVELOPMENT PLANNING PROGRAM		
TITLE (Name of Program): PLANNING				
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc):		14. CONGRESSIONAL DISTRICTS OF:		
EL DORADO, NEVADA, PLACER & SIERRA COUNTIES		a. Applicant Tom McClintock 4		
13. PROPOSED PROJECT		b. Project Tom McClintock 4		
Start Date: 04/01/2009		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
Ending Date: 03/31/2010		a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
15. ESTIMATED FUNDING:		DATE: 1/12/09		
a. Federal	\$ 76,000	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
b. Applicant	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
d. Local	\$ 76,000	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
e. Other	\$			
f. Program Income	\$			
g. TOTAL	\$ 152,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name BRENT	Middle Name		
Last Name SMITH			Suffix	
b. Title CHIEF EXECUTIVE OFFICER			c. Telephone Number (give area code) (530) 823-4703	
d. Signature of Authorized Representative			e. Date Signed 1/12/09	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: TRUCKEE TAHOE AIRPORT DISTRICT			Organizational Unit: Department:		
Organizational DUNS: 006492235			Division: TRUCKEE TAHOE AIRPORT		
Address: Street: 10356 TRUCKEE AIRPORT ROAD			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: DAVID		
City: TRUCKEE			Middle Name		
County: NEVADA			Last Name GOTSCHALL		
State: CALIFORNIA		Zip Code 96101	Suffix:		
Country: USA		Email: manager@truckeetahoeairport.com			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1563328		Phone Number (give area code) 530-587-4540			
		Fax Number (give area code) 530-587-2984			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		STATE CLEARING HOUSE		7. TYPE OF APPLICANT: (See back of form for Application Types) G. SPECIAL DISTRICT Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1. PURCHASE SNOW REMOVAL EQUIPMENT 2. SEGMENTED CIRCLE WITH LIGHTED WIND CONE REPLACEMENT 3. APRON LIGHT REPLACEMENT			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): TRUCKEE, NEVADA COUNTY, PLACER COUNTY, CALIFORNIA		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 14th b. Project 14th			
13. PROPOSED PROJECT Start Date: JUNE 2009 Ending Date: JANUARY 2010		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: JANUARY 19, 2009 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
a. Federal	\$	893,000			
b. Applicant	\$	47,000			
c. State	\$				
d. Local	\$				
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$	940,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name DAVID		Middle Name	
Last Name GOTSCHALL				Suffix	
b. Title GENERAL MANAGER				c. Telephone Number (give area code) 530-587-4540	
d. Signature of Authorized Representative D. Gotschall				e. Date Signed 1/19/09	

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*2. Type of Application

- ☐ New
☒ Continuation
☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____

RECEIVED

JAN 22 2009

STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:

CA044

5a. Federal Entity Identifier:

CA044

*5b. Federal Award Identifier:

CA044-00000109D, CA044-00000209D, CA044-00000309D

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Housing Authority of the County of Yolo

*b. Employer/Taxpayer Identification Number (EIN/TIN):

94-6003375

*c. Organizational DUNS:

603664000

d. Address:

*Street 1: 147 W Main Street

Street 2: _____

*City: Woodland

County: Yolo

*State: CA

Province: _____

*Country: USA

*Zip / Postal Code 95695

e. Organizational Unit:

Department Name:

Low income Public Housing

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.

*First Name: Lisa

Middle Name: A.

*Last Name: Baker

Suffix: _____

Title: Executive Director

Organizational Affiliation:

*Telephone Number: (530) 669-2219

Fax Number: (530) 662-5429

*Email: lbaker@ycha.org

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

L. Public/Indian Housing Authority

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

RECEIVED

JAN 22 2009

STATE CLEARING HOUSE

***10 Name of Federal Agency:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:14.850

CFDA Title:

Low Rent Public Housing***12 Funding Opportunity Number:**9999

*Title:

9999**13. Competition Identification Number:**9999

Title:

9999**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Yolo County California and the cities of West Sacramento and Woodland

***15. Descriptive Title of Applicant's Project:**

Operating Fund Subsidy - Public Housing - Housing for Low Income Tenants

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: California 1 st & 2nd		*b. Program/Project: California 1 st & 2nd
17. Proposed Project:		
*a. Start Date: 1/1/2009		*b. End Date: 12/31/2009
18. Estimated Funding (\$):		
*a. Federal	824,905	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income	1,900,000	
*g. TOTAL	2,724,905	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>1/22/09</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Ms.	*First Name: Lisa	
Middle Name: A.		
*Last Name: Baker		
Suffix:		
*Title: Executive Director		
*Telephone Number: (530) 669-2219		Fax Number: (530) 662-5429
* Email: Lisa A. Baker		
*Signature of Authorized Representative:		*Date Signed: 1/22/2009

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED January 22, 2009	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Town of Mammoth Lakes		Organizational Unit: Department: Public Works	
Organizational DUNS: 144803339		Division:	
Address: Street: 1300 Airport Road		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: William	
City: Mammoth Lakes		Middle Name B.	
County: Mono		Last Name Manning	
State: California	Zip Code 93548	Suffix:	
Country: USA		Email: wmanning@ci.mammoth-lakes.ca.us	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

77-0043067

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)
Change of Priority

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

20-106

TITLE (Name of Program):
Airport Improvement Program

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Town of Mammoth Lakes, California

13. PROPOSED PROJECT

Start Date:
2009

Ending Date:
2009

15. ESTIMATED FUNDING:

a. Federal	\$	104,314
b. Applicant	\$	5,480
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	109,804

7. TYPE OF APPLICANT: (See back of form for Application Types)

D - Township
Other (specify)

9. NAME OF FEDERAL AGENCY:

Federal Aviation Administration

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California
Reimbursement for Debt Service - Temporary Terminal Facilities

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant
4th

b. Project
4th

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: January 23, 2009

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr.	First Name William	Middle Name B.
Last Name Manning		Suffix
b. Title Airport Manager		c. Telephone Number (give area code) (760) 834-3813
d. Signature of Authorized Representative		e. Date Signed 2/3/09

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 8-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED January 15, 2009	Applicant Identifier 1666	
			3. DATE RECEIVED BY STATE	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: City of Torrance			Organizational Unit: Department: Transit Department		
Organizational DUNS: FTA-13-619-0357			Division:		
Address: Street: 20500 Madrona Avenue City: Torrance County: Los Angeles State: California			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Jim Middle Name Last Name: Mills Suffix:		
Zip Code: 90503			Email: jmills@torrnet.com		
Country: United States			Phone Number (give area code): (310) 618-6291		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 00-00000000 95-6000803			Fax Number (give area code): (310) 618-6229		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Local/City Government		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):			9. NAME OF FEDERAL AGENCY: Federal Transit Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Torrance/Los Angeles County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY2009 Capital Assistance Grant City of Torrance - Transit Department Project ID: CA-09-FY09		
13. PROPOSED PROJECT Start Date: 4/1/09 Ending Date: 12/31/12			14. CONGRESSIONAL DISTRICTS OF: a. Applicant Dist. 36 & 37 b. Project		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	5,419,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 1/15/09		
b. Applicant	\$	1,303,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$				
g. TOTAL	\$	6,722,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Ms.		First Name Kim		Middle Name	
Last Name Turner				Suffix	
b. Title Transit Director				c. Telephone Number (give area code) (310) 781-6930	
d. Signature of Authorized Representative				e. Date Signed 1/15/09	

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Reset Form

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED January 15, 2009	Applicant Identifier 1666
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: City of Torrance Organizational DUNS: FTA-13-619-0357 Address: Street: 20500 Madrona Avenue City: Torrance County: Los Angeles State: California Zip Code: 90503 Country: United States		Organizational Unit: Department: Transit Department Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Jim Middle Name: Last Name: Mills Suffix: Email: jmills@torrnet.com Phone Number (give area code): (310) 618-6291 Fax Number (give area code): (310) 618-6229
--	--	--

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000803	7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Local/City Government
---	--


8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	9. NAME OF FEDERAL AGENCY: Federal Transit Administration
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Alternative Fuel Bus Replacement 2009 City of Torrance - Transit Department Project ID: CA-04-0064
---	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Torrance/Los Angeles County	14. CONGRESSIONAL DISTRICTS OF: a. Applicant Dist. 36 & 37 b. Project
---	--

13. PROPOSED PROJECT Start Date: 4/1/09 Ending Date: 12/31/12	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 1/15/09 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
---	---

15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:40%;">2,125,584.00</td> <td style="width:10%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>236,176.00</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>2,361,760.00</td> <td>.00</td> </tr> </table>	a. Federal	\$	2,125,584.00	.00	b. Applicant	\$	236,176.00	.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	2,361,760.00	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$	2,125,584.00	.00																										
b. Applicant	\$	236,176.00	.00																										
c. State	\$.00																										
d. Local	\$.00																										
e. Other	\$.00																										
f. Program Income	\$.00																										
g. TOTAL	\$	2,361,760.00	.00																										

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative		
Prefix Ms.	First Name Kim	Middle Name
Last Name Turner		Suffix
b. Title Transit Director		c. Telephone Number (give area code) (310) 781-6930
d. Signature of Authorized Representative 		e. Date Signed 1/15/09

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Reset Form

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)

1. TYPE OF SUBMISSION:

Application ☒ Non-Construction

2a. DATE SUBMITTED TO CORPORATION
FOR NATIONAL AND COMMUNITY
SERVICE (CNCS):

01/20/09

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

08SR085235

2b. APPLICATION ID:

09SR095700

4. DATE RECEIVED BY FEDERAL AGENCY:

01/20/09

FEDERAL IDENTIFIER:

5. APPLICATION INFORMATION

LEGAL NAME: VNA & Hospice of Southern CA

DUNS NUMBER: 054281436

ADDRESS (give street address, city, state, zip code and county):

150 W First St
Suite 270
Claremont CA 91711 - 4750
County: Los Angeles

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give
area codes):

NAME: Patricia A. Henry

TELEPHONE NUMBER: (909) 482-0355

FAX NUMBER: (909) 624-1294

INTERNET E-MAIL ADDRESS: phenny@vnasocal.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

951733155

7. TYPE OF APPLICANT:

7a. Non-Profit

7b. Community-Based Organization

8. TYPE OF APPLICATION (Check appropriate box).

☐ NEW

☒ NEW/PREVIOUS GRANTEE

☐ CONTINUATION

☐ AMENDMENT

If Amendment, enter appropriate letter(s) in box(es):

A. AUGMENTATION

B. BUDGET REVISION

C. NO COST EXTENSION D. OTHER (specify below):

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

10b. TITLE: Retired and Senior Volunteer Program

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

RSVP West Valley-San Bernardino County

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

California, West Valley of San Bernardino County, Cities and unincorporated
areas of Alta Loma, Bloomington, Chino, Chino Hills, Colton, Etiwanda, Fontana, G

11.b. CNCS PROGRAM INITIATIVE (IF ANY):

13. PROPOSED PROJECT: START DATE: 04/01/09 END DATE: 03/30/10

14. CONGRESSIONAL DISTRICT OF: a.Applicant ☐ CA 26 b.Program ☐ CA 26

15. ESTIMATED FUNDING: Year #: 1

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?

☒ YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR
REVIEW ON:

DATE: 09-MAR-09

☐ NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES if "Yes," attach an explanation. ☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE
IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Marsha Fox

b. TITLE:

President VNA & Hospice of Southern CA

c. TELEPHONE NUMBER:

(909) 624-3574

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

Marsha Fox

e. DATE SIGNED:

01/20/09

DRAFT

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev.02/07 to conform to the Corporation's eGrants System)

1. TYPE OF SUBMISSION:

Application ☒ Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

95-2280871

2b. APPLICATION ID:

09SR096317

4. DATE RECEIVED BY FEDERAL AGENCY:

FEDERAL IDENTIFIER:

5. APPLICATION INFORMATION

LEGAL NAME: Long Beach Jewish Community Center

DUNS NUMBER: 069927374

ADDRESS (give street address, city, state, zip code and county):

3801 E Willow St
Long Beach CA 90815 - 1734
County: Los Angeles

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):

NAME: Diane L. Johnson

TELEPHONE NUMBER: (562) 506-2801

FAX NUMBER: (562) 424-3915

INTERNET E-MAIL ADDRESS: djohnson@alpertjcc.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

952280871

7. TYPE OF APPLICANT:

7a. Non-Profit

7b. Service/Civic Organization

8. TYPE OF APPLICATION (Check appropriate box).

☐ NEW ☒ NEW/PREVIOUS GRANTEE
☐ CONTINUATION ☐ AMENDMENT

If Amendment, enter appropriate letter(s) in box(es):

A. AUGMENTATION B. BUDGET REVISION

C. NO COST EXTENSION D. OTHER (specify below):

RECEIVED
JAN 23 2009
STATE CLEARING HOUSE

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

10b. TITLE: Retired and Senior Volunteer Program

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

RSVP of Greater Long Beach

11.b. CNCS PROGRAM INITIATIVE (IF ANY):

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

Artesia, Bellflower, Carson, Cerritos, Compton, Gardena, Hawaiian Gardens, Long Beach, Lakewood, San Pedro, Seal Beach, Signal Hill, Paramount, Willowbrook, W

13. PROPOSED PROJECT: START DATE: 04/01/09 END DATE: 03/31/12

14. CONGRESSIONAL DISTRICT OF: a.Applicant ☐ CA 46 b.Program ☐ CA 46

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL \$ 84,288.00

b. APPLICANT \$ 52,313.00

c. STATE \$ 0.00

d. LOCAL \$ 19,000.00

e. OTHER \$ 33,313.00

f. PROGRAM INCOME \$ 0.00

g. TOTAL \$ 136,601.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

☒ YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 19-JAN-09

☐ NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES if "Yes," attach an explanation. ☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Jeff Antonoff

b. TITLE:

Executive Director

c. TELEPHONE NUMBER:

562-426-7601

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:

1-20-09

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

01/20/2009

Applicant Identifier

3. DATE RECEIVED BY STATE

01/20/2009

State Application Identifier

1. * TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application
☐ Changed/Corrected Application

4. Federal Identifier

* Organizational DUNS: 827136685

5. APPLICANT INFORMATION

* Legal Name: Sparsix Corporation

Department:

Division:

* Street1:

236 West Portal Avenue

Street2: #221

* City:

San Francisco

County:

San Francisco

* State:

CA: California

Province:

* Country:

UNITED STATES

* ZIP / Postal Code: 94127

RECEIVED

JAN 26 2009

STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Mr.

John

Victor

Batson

* Phone Number:

415-425-6896

Fax Number:

Email: vicb@sparsix.com

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

203677982

7. * TYPE OF APPLICANT:

R: Small Business

8. * TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify):

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Development of the Uncertain Grids Method for Solution of Multidimensional PDEs

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Nation

13. PROPOSED PROJECT:

* Start Date

* Ending Date

06/01/2009

05/31/2012

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

CA-012

US-all

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Mr.

Oleg

V.

Diyankov

PhD

Position/Title:

Vice President

* Organization Name:

Sparsix Corporation

Department:

Research & Development

Division:

* Street1:

2300 Lakeview Parkway

Street2:

Suite 700

* City:

Alpharetta

County:

Fulton

* State:

GA: Georgia

Province:

* Country:

UNITED STATES

* ZIP / Postal Code: 30009

* Phone Number:

678-916-3858

Fax Number:

678-916-3855

* Email: oleg.diyankov@sparsix.com

OMB Number: 4040-0001

Expiration Date: 04/30/2008

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding 4,689,087.00
b. * Total Federal & Non-Federal Funds 4,689,087.00
c. * Estimated Program Income 0.00

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 01/20/2009

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:
Mr. John Victor Batson
* Position/Title: Vice President * Organization: Sparsix Corporation
Department: Division:
* Street1: 236 West Portal Avenue Street2: #221
* City: San Francisco County: San Francisco * State: CA: Californi
Province: * Country: UNITED ST * ZIP / Postal Code: 94127
* Phone Number: 415-425-6896 Fax Number: * Email: vicb@sparsix.com

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

Add Attachment

Delete Attachment

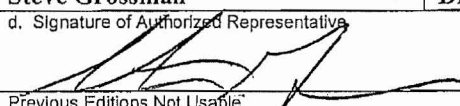
View Attachment

21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED January 16, 2009		Applicant Identifier	
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Port of Oakland			Organizational Unit: Port of Oakland Acting by and through its Board of Port Commissioners		
Address (give city, county, state, and zip code): 530 Water Street Oakland, CA 94607			Name and telephone number of the person to be contracted on matters involving this application (give area code): Christina Lee (510) 627-1510		
EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 1 7 4 6 3 1 2 STATE CLEARING HOUSE			7. TYPE OF APPLICANT: (enter appropriate letter in box) C		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER TITLE: Airport Improvement Program (AIP) 2 0 . 1 0 6			9. NAME OF FEDERAL AGENCY Federal Aviation Administration		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Francisco Bay Area			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: East Apron Reconstruction, Phase 3 (EAP3) Improvements and Overlay of Taxiway Sierra and West Apron Ramp, South Field, OIA		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF			
Start Date 08/09	Ending Date 02/10	a. Applicant 7		7b. Project 4	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS			
a. Federal	\$ 1,843,521 .00	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
b. Applicant	\$ 444,010 .00	DATE: January 16, 2009			
c. State	\$.	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local	\$.	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other	\$.	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program income	\$.	<input type="checkbox"/> Yes If yes, attach an explanation <input checked="" type="checkbox"/> No			
g. TOTAL	\$ 2,287,531 .00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED					
a. Typed Name of Authorized Representative Steve Grossman		b. Title Director of Aviation		c. Telephone number (510) 627-1133	
d. Signature of Authorized Representative 				e. Date Signed January 16, 2009	

Previous Editions Not Usable

Authorized for Local Reproduction

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED January 28, 2009	Applicant Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: County of Plumas		Organizational Unit: Department: Facility Services Division: Airports		
Organizational DUNS: 01-098-7418		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Address: Street: 198 Andy's Way		Prefix: Mr.	First Name: Joe	
City: Quincy		Middle Name		
County: Plumas		Last Name Wilson		
State: California		Suffix:		
Country: USA		Email: joewilson@countyofplumas.com		
Zip Code: 95971		Phone Number (give area code) (530) 283-8070		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-60000528		Fax Number (give area code) (530) 283-8088		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration		
11. TITLE (Name of Program): Airport Improvement Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Beckwourth Nerving Airport, Beckwourth, Plumas County, California Engineering Design and Construction of: Now AWOS III, Compass Rose, Replace Rotating Beacon; Reseal Pavement Joints and Paint Airfield Markings Engineering Design Only of: Tee Hangar Site Development - Three 5-unit Buildings		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Beckwourth, Plumas County, California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 02 b. Project 02		
13. PROPOSED PROJECT Start Date: 2009 Ending Date: 2009		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: January 27, 2009 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal \$ 802,750				
b. Applicant \$ 22,181				
c. State \$ 20,069				
d. Local \$ 0				
e. Other \$ 0				
f. Program Income \$ 0				
g. TOTAL \$ 845,000				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Joe	Middle Name		
Last Name Wilson		Suffix		
b. Title Airport Coordinator		c. Telephone Number (give area code) (530) 283-6070		
d. Signature of Authorized Representative		e. Date Signed 1/29/09		

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED January 26, 2009	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: County of Plumas		Organizational Unit: Department: Facility Services Division: Airports		
Organizational DUNS: 01-099-7419		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED JAN 28 2009 STATE CLEARING HOUSE </div>		
Address: Street: 198 Andy's Way				
City: Quincy				
County: Plumas				
State: California		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Zip Code: 95971		Prefix: Mr.		
Country: USA		First Name: Joe		
		Middle Name		
		Last Name Wilson		
		Suffix:		
		Email: joewilson@countyofplumas.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000528		Phone Number (give area code) (530) 283-6070		
		Fax Number (give area code) (530) 283-6088		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration		
TITLE (Name of Program): Airport Improvement Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Gansner Field, Quincy, Plumas County, California Environmental Assessment (EA): Land Acquisition - Tree Hanger Development Categorical Exclusions - Future Construction Projects		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Quincy, Plumas County, California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 02 b. Project 02		
13. PROPOSED PROJECT Start Date: 2009 Ending Date: 2009		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: January 27, 2009 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal	\$ 181,450.00			
b. Applicant	\$ 5,014.00			
c. State	\$ 4,536.00			
d. Local	\$ 0.00			
e. Other	\$ 0.00			
f. Program Income	\$ 0.00			
g. TOTAL	\$ 191,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.		First Name Joe		Middle Name
Last Name Wilson				Suffix
b. Title Airport Coordinator		c. Telephone Number (give area code) (530) 283-6070		
d. Signature of Authorized Representative		e. Date Signed 1/29/09		

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED January 26, 2009	Applicant Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
County of Plumas		Department: Facility Services		
Organizational DUNS: 01-099-7419		Division: Airports		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 198 Andy's Way		Prefix: Joe First Name: Joe		
City: Quincy		Middle Name		
County: Plumas		Last Name Wilson		
State: California		Suffix:		
Zip Code 95971		Email: joewilson@countyofplumas.com		
Country: USA		Phone Number (give area code) (530) 283-6070		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000520		Fax Number (give area code) (530) 283-6088		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-108 TITLE (Name of Program): Airport Improvement Program		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Quincy, Plumas County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Gansner Field, Quincy, Plumas County, California Land Acquisition - Tug Manger Development - 25.17 Acres		
13. PROPOSED PROJECT Start Date: 2009 Ending Date: 2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 02 b. Project 02		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 329,650		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: January 27, 2009		
b. Applicant \$ 9,109		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$ 8,241		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$ 0		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other \$ 0		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$ 0				
g. TOTAL \$ 347,000				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.		First Name Joe		Middle Name
Last Name Wilson		Suffix		
b. Title Airport Coordinator		c. Telephone Number (give area code) (530) 283-6070		
d. Signature of Authorized Representative		c. Date Signed 1/27/09		
Previous Edition Usable Authorized for Local Reproduction				

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED January 26, 2009	Applicant Identifier	
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name:		Department:	
County of Plumas		Facility Services	
Organizational DUNS: 01-099-7419		Division:	
Address:		Airports	
Street: 188 Andy's Way		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Quincy		Prefix: Mr.	First Name: Joe
County: Plumas		Middle Name	
State: California		Last Name Wilson	
Zip Code 95971		Suffix:	
Country: USA		Email: joewilson@countyofplumas.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give area code)	
94-6000528		(530) 283 6070	
8. TYPE OF APPLICATION:		Fax Number (give area code)	
<input checked="" type="checkbox"/> Now <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		(530) 283-6088	
Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		B. County	
20-106		Other (specify)	
TITLE (Name of Program): Airport Improvement Program		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Chester, Plumas County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rogers Field, Chester, Plumas County, California Environmental Assessment (EA): New Aircraft Tie Down Apron and Hangar Extension of Runway 16-34	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 2009		a. Applicant 02	
Ending Date: 2009		b. Project 02	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 408,500	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 11,288	DATE: January 27, 2009	
c. State	\$ 10,212	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ 0	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ 0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$ 0	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 430,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.		First Name Joe	
Last Name Wilson		Middle Name	
b. Title Airport Coordinator		Suffix	
d. Signature of Authorized Representative		c. Telephone Number (give area code) (530) 283-6070	
		e. Date Signed 1/29/09	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION:

Application

☒ Construction

☐ Non-Construction

Pre-application

☐ Construction

☐ Non-Construction

2. DATE SUBMITTED

January 26, 2009

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

Applicant Identifier

State Application Identifier

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

County of Plumas

Organizational DUNS:
01-099-7419

Address:

Street:
198 Andy's Way

City:

Quincy

County:

Plumas

State:

California

Zip Code

95971

Country:

USA

Organizational Unit:

Department:

Facility Services

Division:

Airports

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix:

Mr.

First Name:

Joe

Middle Name

Last Name

Wilson

Suffix:

Email:

JoeWilson@countyofplumas.com

Phone Number (give area code)

(530) 283-8070

Fax Number (give area code)

(530) 283-8088

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

84-6000528

8. TYPE OF APPLICATION:

☒ New

☐ Continuation

☐ Revision

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

B. County

Other (specify)

9. NAME OF FEDERAL AGENCY:

Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

20-1006

TITLE (Name of Program):

Airport Improvement Program

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Chester, Plumas County, California

13. PROPOSED PROJECT

Start Date:

2009

Ending Date:

2009

15. ESTIMATED FUNDING:

a. Federal	\$	1,976,850
b. Applicant	\$	54,626
c. State	\$	49,424
d. Local	\$	0
e. Other	\$	0
f. Program Income	\$	0
g. TOTAL	\$	2,081,000

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Rogers Field, Chester, Plumas County, California

Engineering Design:

Develop East Hangar Area

Extend Taxiway A to End Pavement Runway 16

Reconstruct Tee Hangar Taxiways

Develop E. Hangar Area including Access Road, Taxiways & Apron

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

02

b. Project

02

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: January 27, 2009

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix

Mr.

First Name

Joe

Middle Name

Suffix

Last Name

Wilson

Title

Airport Coordinator

c. Telephone Number (give area code)

(530) 283-8070

d. Signature of Authorized Representative

e. Date Signed

1/27/09

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED January 26, 2009	Applicant Identifier
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: City of Alturas	Organizational Unit: Department: Public Works
Organizational DUNS: 15-416-1728	Division:
Address: Street: 200 W. North Street	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JAN 28 2009 STATE CLEARING HOUSE </div>
City: Alturas	
County: Modoc	
State: California	
Country: USA	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Chester Middle Name: Last Name: Robertson Suffix:
Zip Code: 96101	Email: crobertson@cityofalturas.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000290	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): Airport Improvement Program	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Alturas, Modoc County, California	
13. PROPOSED PROJECT Start Date: 2009 Ending Date: 2009	
15. ESTIMATED FUNDING:	
a. Federal	\$ 493,050.00
b. Applicant	\$ 13,624.00
c. State	\$ 12,326.00
d. Local	\$ 0.00
e. Other	\$ 0.00
f. Program Income	\$ 0.00
g. TOTAL	\$ 519,000.00
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 02 b. Project 02	
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: January 27, 2009 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative	
Prefix Mr.	First Name Chester
Middle Name	
Last Name Robertson	
Suffix	
b. Title Director of Public Works	
c. Telephone Number (give area code) (530) 233-2377	
d. Signature of Authorized Representative	
e. Date Signed 01/27/09	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 26, 2009	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal Name: City of Alturas		Organizational Unit: Department: Public Works	
Organizational DUNS: 15-416-1728		Division:	
Address: Street: 200 W. North Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Alturas		Prefix: Mr.	First Name: Chester
County: Modoc		Middle Name	
State: California		Last Name Robertson	
Zip Code 96101	Suffix:		
Country: USA	Email: crobertson@cityofalturas.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000290		Phone Number (give area code) 530-233-2377	Fax Number (give area code) 530-233-3559
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
TITLE (Name of Program): Airport Improvement Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Alturas Municipal Airport, Alturas, Modoc County, California Environmental Assessment (EA): Land Acquisition and Avigation Easements Runway 13-31 Extension and 4th Street Relocation	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Alturas, Modoc County, California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 02 b. Project 02	
13. PROPOSED PROJECT Start Date: 2009 Ending Date: 2009		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: January 27, 2009 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal \$ 118,750 b. Applicant \$ 3,281 c. State \$ 2,969 d. Local \$ 0 e. Other \$ 0 f. Program Income \$ 0 g. TOTAL \$ 125,000		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix Mr. First Name Chester Middle Name Last Name Robertson Suffix			
b. Title Director of Public Works		c. Telephone Number (give area code) (530) 233-2377	
d. Signature of Authorized Representative		e. Date Signed 01/27/09	

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED January 27, 2009	Applicant Identifier
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of South Lake Tahoe		Organizational Unit: Department: Department of Public Works	
Organizational DUNS: 09-5883476		Division:	
Address: Street: 1052 Tata Lane		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: South Lake Tahoe		Prefix: Mr.	
County: El Dorado		First Name: Rick	
State: California		Middle Name	
Zip Code 96150		Last Name Jenkins	
Country: USA		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1810868		Email: rjenkins@cityofsl.us	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Phone Number (give area code) (530) 542-6182	
Other (specify)		Fax Number (give area code) (530) 544-6366	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
TITLE (Name of Program): Airport Improvement Program		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): South Lake Tahoe; El Dorado County; Douglas City, Nevada		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lake Tahoe Airport, South Lake Tahoe, El Dorado County, California Engineering Design of Terminal Ramp Rehabilitation Terminal Ramp Rehabilitation: Phase 1 - Airline Ramp - PCC Section (275' x 425') and North Ramp - AC Section (125' x 275') Phase 2 - South Ramp - AC Section (250' x 240')	
13. PROPOSED PROJECT Start Date: 2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 14	
Ending Date: 2009		b. Project 14	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 4,636,950.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 128,126.00	DATE: January 28, 2009	
c. State	\$ 115,924.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 4,881,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Rick	Middle Name	
Last Name Angelocci	Suffix		
b. Title Assistant City Manager		c. Telephone Number (give area code) (530) 542-6048	
d. Signature of Authorized Representative		e. Date Signed 1/28/09	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED January 23, 2009	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: Dobbins-Oregon House Improvement Foundation		Organizational Unit: Department:	
Organizational DUNS: 829427611		Division:	
Address: Street: 9185 Marysville Road City: Oregon House, CA 95962 County: Yuba State: CA Zip Code: 95962		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr First Name: Michael Middle Name: Last Name: Lee Suffix:	
Country: U.S.		Email: dragonfly@ez2.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0368595		Phone Number (give area code) 530-692-9006 Fax Number (give area code)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) Application for subsequent grant		7. TYPE OF APPLICANT: (See back of form for Application Types) O - 501(c)(3) Nonprofit Public Benefit Corporation Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Facilities Grant Program 10-766		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Dobbins and Oregon House, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of a community center to serve the communities of Dobbins and Oregon House in rural Yuba County.	
13. PROPOSED PROJECT Start Date: 1999 Ending Date: April 2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2 b. Project 2	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 100,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 1/23/2009	
b. Applicant	\$ 450,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 9,876.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local Yuba County	\$ 124,667.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other Donations, Fundraising	\$ 370,090.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 1,054,633.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr	First Name Douglas	Middle Name	
Last Name Binderup	Suffix		
b. Title Chairman, Board of Directors	c. Telephone Number (give area code) 530-692-2294		
d. Signature of Authorized Representative Douglas Binderup	e. Date Signed January 23, 2009		

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 1/28/09	Applicant Identifier	
		3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		

5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
Access Services, Inc. PO Box 71684 L.A.		Department:		
Organizational DUNS: 883300121		Division:		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street:		Prefix:	First Name:	
PO Box 71684			Gilbert	
City: Los Angeles, CA		Middle Name		
County: Los Angeles, CA		Last Name Garza		
State: CA	Zip Code 90071	Suffix:		
Country: USA		Email: garza@asila.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give area code)	Fax Number (give area code)	
9 5 - 4 4 8 9 7 1 1		213.270.6000	213.270.6048	
8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (See back of form for Application Types)		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Other (specify)		
Other (specify)		9. NAME OF FEDERAL AGENCY: Federal Transit Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
TITLE (Name of Program):				
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):				
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		
Start Date: 7/1/2009	Ending Date: 6/30/2010	a. Applicant 21-47	b. Project 21-47	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 54,400,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$.00	DATE:		
c. State	\$.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$ 6,879,667.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 61,279,667.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name Gilbert	Middle Name		
Last Name Garza			Suffix	
b. Title Grants Analyst		c. Telephone Number (give area code) 213.270.6000		
d. Signature of Authorized Representative		e. Date Signed 1/28/09		

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 26, 2009	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: City of Alturas Organizational DUNS: 15-416-1728 Address: Street: 200 W. North Street City: Alturas County: Modoc State: California Zip Code: 96101 Country: USA		Organizational Unit: Department: Public Works Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Chester Middle Name: Last Name: Robertson Suffix: Email: crobertson@cityofalturas.org Phone Number (give area code): 530-233-2377 Fax Number (give area code): 530-233-3559
---	--	---

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000290	7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify):
---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):	9. NAME OF FEDERAL AGENCY: Federal Aviation Administration
--	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): Airport Improvement Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Alturas Municipal Airport, Alturas, Modoc County, California Environmental Assessment (EA): Land Acquisition and Avigation Easements Runway 13-31 Extension and 4th Street Relocation
--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Alturas, Modoc County, California	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 02 b. Project 02
---	--

13. PROPOSED PROJECT Start Date: 2009 Ending Date: 2009	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: January 27, 2009 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
--	--

15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">118,750</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">3,281</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">2,969</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">125,000</td> <td style="text-align: right;">.00</td> </tr> </table>	a. Federal	\$	118,750	.00	b. Applicant	\$	3,281	.00	c. State	\$	2,969	.00	d. Local	\$	0	.00	e. Other	\$	0	.00	f. Program Income	\$	0	.00	g. TOTAL	\$	125,000	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$	118,750	.00																										
b. Applicant	\$	3,281	.00																										
c. State	\$	2,969	.00																										
d. Local	\$	0	.00																										
e. Other	\$	0	.00																										
f. Program Income	\$	0	.00																										
g. TOTAL	\$	125,000	.00																										

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative Prefix: Mr. First Name: Chester Last Name: Robertson	Middle Name: Suffix:	c. Telephone Number (give area code) (530) 233-2377 e. Date Signed 01/27/09
b. Title Director of Public Works d. Signature of Authorized Representative		

Version 7/03

Previous Edition Usable
Authorized for Local Reproduction